



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Mortuary Science of New Jersey
124 Halsey Street, 6th Floor, P.O. Box 45009
Newark, New Jersey 07101
(973) 504-6425

Instructions for the Reinstatement of a Funeral Director's License

Submit all of the following to the mailing address indicated above:

Reinstatement Application:

Complete all parts of the application.

Application Fees:

- (1) Payment of all past delinquent license renewal fees*;
- (2) Payment of the current biennial license renewal fee*; and
- (3) Payment of the reinstatement fee of \$150.00.

Affidavit of Employment:

- (1) Submit an affidavit of all employment (whether or not the employment was in funeral service) that lists each job held during the lapsed licensure period. This affidavit must include the names, addresses, and telephone numbers of each employer; and
- (2) A notarized statement indicating whether or not you were engaged in the practice of mortuary science in the State of New Jersey during the period that your New Jersey license was lapsed. If you were practicing mortuary science during the period of lapsed licensure, you must include a list of where you were employed and on what dates.

Proof of Competency:

- (1) If applicable, submit satisfactory documentation that you have maintained proficiency by completing the continuing education hours or credits required for the renewal of an active license. See **N.J.A.C. 13:36-10.11(a)**.
- (2) If the license lapsed five years ago or more:
Paragraph 45:1-7.1d of the Uniform Enforcement Act, which regulates all boards under the Division of Consumer Affairs, clearly states that a licensee whose license has lapsed for five years or more must pass the original licensing examination.
Therefore, before your license is reinstated you must either:
 - (a) Complete the process delineated in **N.J.A.C. 13:36-4.1(d)**; or
 - (b) If you hold a valid license or certification to practice mortuary science issued by another state or possession of the United States, or the District of Columbia, you may apply to the Board to have your license reinstated through Licensure by Credentials as explained in **N.J.A.C. 13:36-4.15**.

* Licensure Reinstatement Fee Schedule:

Renewal Fees	
Active	Inactive-Paid
\$250.00	\$125.00
The biennial period lasts for two (2) years, e.g. 3/1/07 - 2/28/09, 3/1/09 - 2/28/11 and so forth. Application fees must be calculated based on the fee for each biennial period that has occurred since the license lapsed, plus a reinstatement fee of \$150.00.	



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Application for Reinstatement of a Funeral Director's License

Complete the following information. Please print clearly.

Name: _____

Address: _____
Street

City State ZIP code

Home telephone number: _____ (include area code) Work telephone number: _____ (include area code)

Fax number: _____ (include area code) Social Security No.: _____

Date of birth: _____ N.J. License No.: _____
Month Day Year

Date of last renewal: _____
Month Day Year

Answer the following questions regarding the time period since you were last licensed in New Jersey. For all "Yes" answers, provide sufficient details on a separate sheet of paper.

1. Has any action been taken, or is any action pending, against your professional license or certificate, or have you been permitted to surrender or otherwise relinquish your license to avoid inquiry, investigation, or action by any state or jurisdictional licensing authority that you have not already reported to this Board? ☐ Yes ☐ No
2. Have you been arrested, charged or convicted of any crime or offense that you have not already reported to this Board? (Minor traffic offenses, such as speeding or parking need not be provided, but motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.) ☐ Yes ☐ No

If you answered "Yes" to either of these questions, you must describe the circumstances surrounding the event(s) on a separate piece of paper, and provide copies of the relevant complaint(s), indictment(s), judgment(s), order(s), and any other official documents which relate to the event(s) in question.

AFFIDAVIT OF APPLICANT

I, _____, being duly sworn, depose and say under penalty of false statement, that I am the person described and identified in this application; that the information given in this application and all submitted materials contain no willful misrepresentations and that the information is true and complete. I understand that should an investigation at any time disclose otherwise, my application may be rejected, and I may face legal sanctions if I am already licensed. I understand that in signing this application for reinstatement, I am consenting to any reasonable inquiry that may be necessary to verify the information I have provided on this form or may provide in conjunction with this application.

I have read the above and understand the same.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

